

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 3 7

2. STATE:

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.70

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$(212,404.00) Savings  
b. FFY 2003 \$(434,400.00) Savings

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 3c  
Attachment 3.1-B, Page 3e9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):Same, Approved 7-20-94, TN 94-10  
Same, Approved 7-20-94, TN 94-10

10. SUBJECT OF AMENDMENT:

The Arkansas Title XIX State Plan has been amended to reflect a revision in the home  
health benefit limit.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
- 
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- 
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Ray Hanley

14. TITLE:

Director, Division of Medical Services

15. DATE SUBMITTED:

December 17, 2001

16. RETURN TO:

Division of Medical Services  
P. O. Box 1437  
Little Rock, AR 72203-1437Attention: Binnie Alberius  
Slot XXXX S295

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

20 December, 2001

18. DATE APPROVED:

29 January, 2002

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01 April, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Calvin G. Cline

22. TITLE:

Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

DEC 50

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 3c

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: April 1, 2002

CATEGORICALLY NEEDY

- 7.a. Home Health Services
- 7.b. Based on a physician's prescription as to medical necessity provided to eligible recipients at their place of residence not to include institutions required to provide these services. For services above 25 visits per recipient per State Fiscal Year, the provider must request an extension. Extension of the benefit limit will be provided for all recipients, including EPSDT, if determined medically necessary.
- 7.c. Medical supplies, equipment, and appliances suitable for use in the home.
- (1) Home health supplies are limited to a maximum reimbursement of \$250.00 per month, per recipient. As medical supplies are also provided to recipients in the Prosthetics Program, the maximum reimbursement of \$250.00 per month may be provided through the Home Health Program, the Prosthetics Program or a combination of the two. However, a recipient may not receive more than \$250.00 per month in supplies whether received through either of the two programs or a combination of the two unless an extension has been granted. Extensions will be considered for recipients under age 21 in the Child Health Services (EPSDT) Program if documentation verifies medical necessity. The provider must request an extension of the established benefit limit.
- (2) Home health equipment is limited to specific items. Specific home health equipment is listed in Section III of the Prosthetics Provider Manual.

SUPERSEDES TN- AR-94-10

|                             |   |
|-----------------------------|---|
| STATE <u>Arkansas</u>       | A |
| DATE REC'D <u>12/20/01</u>  |   |
| DATE APPV'D <u>01/29/02</u> |   |
| DATE EFF <u>04/01/02</u>    |   |
| HCFA 179 <u>AR-01-37</u>    |   |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-B  
Page 3e

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: April 1, 2002

MEDICALLY NEEDY

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**DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services**

**Calvin G. Cline**

**Associate Regional Administrator, Medicaid and State Operations**

1301 Young Street, Room 827  
Dallas, Texas 75202  
Phone (214) 767-6301  
Fax (214) 767-0270

January 29, 2002

Our Reference: SPA-AR-01-37

Mr. Ray Hanley, Director  
Division of Medical Services – Slot 1103  
Arkansas Department of Human Services  
Post Office Box 1437  
Little Rock, Arkansas 72203-1437

Dear Mr. Hanley:

We have enclosed a copy of HCFA-179, Transmittal Number 01-37, dated December 17, 2001. This amendment revises the number of visits the State covers for home health services.

We have approved the amendment for incorporation into the official Arkansas State Plan effective April 1, 2002. If you have any questions, please call Bill Brooks at (214) 767-4461.

Sincerely,

Calvin G. Cline  
Associate Regional Administrator  
Division of Medicaid and State Operations

Enclosure

cc: Elliott Weisman, CMSO

